

UTAH ACCIDENT & HEALTH SURVEY (STOP-LOSS SUPPLEMENT) INSTRUCTIONS

The Stop-Loss Supplement is a follow-up survey for the 2019 Utah Accident & Health Survey. All responses will be recorded as answers to the 2019 Utah Accident & Health Survey. All companies who reported Stop-Loss business on part 1, line 12 of the 2019 Utah Accident & Health Survey, must complete and submit the Stop-Loss Supplement. Please note that this survey applies only to 2019 business. If you do not have any Stop-Loss business and reported zero on part 1, line 12 of the 2019 Utah Accident & Health Survey then you are exempt from filing the Stop-Loss Supplement and should not file this form. "None" reports are not required. Just file the 2019 Utah Accident & Health Survey without the Stop-Loss Supplement.

This follow-up survey is designed to collect data on stop-loss insurance coverage in greater detail. All data values reported on the survey form should represent the year-end totals of the report year (December 31, 2019) and balance to the data previously reported on part 1, line 12 of the Utah Accident & Health Survey for 2019.

The completed survey form should be sent to the Utah Insurance Department **by April 1, 2020**. All submissions should be made via the Utah Insurance Department (UID) secure file upload website at <https://forms.uid.utah.gov/insurance/fileUploads/>. Any other forms of data submissions are not acceptable. Failure to file by the deadline may subject your company to the enforcement penalties under Utah Code § 31A-2-308. Any questions on completing this survey form should be directed to Daron Funn, Research Assistant via email to uid.healthresearch@utah.gov.

The survey form is divided into four major parts:

In part 1, companies report detailed information regarding all of the stop-loss business that provides coverage for self-funded health benefit plans in Utah during 2019.

In part 2, companies briefly describe the type of stop-loss business that does not fall under the definition of coverage for self-funded health benefit plans in part 1-A.

In part 3, companies provide additional detail regarding their stop-loss business that provides coverage for self-funded health benefit plans. The information reported here should be internally consistent and balance to the information reported in part 1.

In parts 4-A through 4-B, companies report stop-loss insurance coverage data for self-funded health benefit plans. The information reported here should be internally consistent and balance to the information reported in part 3.

In part 5, companies report on the use of reinsurance coverage to manage their company's insurance risk.

SIGNATURE FORM

The last component of the follow-up survey is the Signature Form. The Utah Insurance Department collects the Utah Accident & Health Survey with the intent and understanding that these records are classified as protected records under § 63G-2-305(2). The Signature Form should be filed along with this follow-up survey. This signature form ensures that the data is properly classified as a protected record under § 63G-2-305(2). In order to ensure this data is properly classified, please sign and date the Signature Form and return it to the Utah Insurance Department. Each company should file one signature form per survey filing. This Signature Form covers data your company may have sent to the Utah Insurance Department during 2019 for the Utah Accident & Health Survey and any of the follow up survey supplements, including the Short-Term Limited Duration Supplement, Stop-Loss Supplement, and ASO Supplement.

TERMINOLOGY USED IN THE SURVEY

STOP-LOSS INSURANCE COVERAGE:	<p>“Stop-loss insurance” means insurance purchased for which the stop-loss insurer assumes, on a per-loss basis, the risk of loss of a group health benefit plan in excess of a stated amount, subject to the policy limit. Stop-loss insurance may include either specific stop-loss limits (see “Specific Attachment Point”) and/or aggregate stop-loss limits (see “Aggregate Attachment Point”). Stop-loss insurance products provide protection against catastrophic or unpredictable losses for employer group health benefit plans. Stop-loss coverage is purchased by employers or administrators of group health benefit plans that do not want to assume 100% of the liability for losses arising from the plans. Stop-loss coverage is often a feature of unfunded and self-funded plans where the employer assumes the risk of health care costs up to certain limits on individual claims (specific) or up to a certain limit on all claims combined (aggregate). An employer or group health benefit plan administrator pays an insurance company to assume the risk above the specific and aggregate levels. Overall, stop-loss coverage can limit the employer’s or group health benefit plan’s risk while allowing it to retain control over claims and benefits. Specific stop-loss focuses on the severity of extreme claims (a single individual or claim in excess of the specific deductible), while aggregate stop-loss focuses on the frequency of extreme claims (the total cost of claims in excess of the aggregate deductible).</p>
SPECIFIC STOP-LOSS:	<p>Limits the employer group’s cost for eligible medical expenses for each covered individual (also known as individual stop-loss, individual attachment point, or individual deductible). The minimum attachment point is usually set based on the stop-loss carrier’s review of the group’s demographics, expected claims, and past losses, and the employer group’s risk tolerance. The optimal specific stop-loss limit is often based on a percentage of the expected claims.</p>
SPECIFIC ATTACHMENT POINT:	<p>The Specific Attachment Point is the specified limit when a stop-loss insurance contract will pay for an individual or claim. This limit is the threshold at which medical claims become payable from the assets of the stop-loss carrier for the remainder of the policy year for an individual. Also referred to as Specific Limit or Individual Stop-Loss Deductible.</p>
AGGREGATE STOP-LOSS:	<p>Insurance that protects against an unusually high frequency of medium and large claims for the entire group. It provides a limit on the dollar amount of eligible expenses that an employer or group health benefit plan would pay, in total, during a contract period.</p>
AGGREGATE ATTACHMENT POINT:	<p>The Aggregate Attachment Point is the specified limit when a stop-loss insurance contract will pay for a group’s excess claims. This limit is the threshold at which medical claims become payable from the assets for the stop-loss carrier for the remainder of the policy year when claims for the group as a whole exceed the limits based on the factors outlined in the policy. No payments are made until the sum of all paid claims for the contract period exceeds a predetermined limit or aggregate attachment point. This limit is based on the expected claim costs (often based on an evaluation of claims from previous years and a projection of expected claims from the coming year). The Aggregate Attachment Point is often expressed as an aggregate factor or margin (e.g., 100 percent of expected claims plus a 25 percent margin). The stop-loss carrier begins paying out after the aggregate stop-loss funding level (e.g., 125 percent of expected claims) is reached.</p>
REINSURANCE:	<p>Insurance coverage that takes effect after the initial liability of a claim (Specific Stop-Loss) or claims (Aggregate Stop-Loss) has been paid. This coverage is separate from and in addition to stop-loss insurance coverage (see Stop-Loss Insurance Coverage). Also referred to as Excess Risk Insurance or Excess of Loss Reinsurance.</p>

PART 1: STOP-LOSS INSURANCE COVERAGE IN UTAH

COLUMN DEFINITIONS

NUMBER OF INSURED MEMBERS:	For individual policies, the number of insured members must include dependents. For group policies, the number of insured members must equal the number of subscribers (certificate holders) plus dependents.
NUMBER OF INSURED POLICIES:	For individual policies, enter the number of insured policyholders. For group policies, enter the number of subscribers (certificate holders).
DIRECT PREMIUMS WRITTEN:	Enter the total premiums collected for policies written during the report year for each A&H insurance category.
DIRECT PREMIUMS EARNED:	Enter the portion of the premium paid by the insured that was allocated to the insurer's loss experience, expenses, and profit during the report year for each A&H insurance category.
DIRECT LOSSES PAID:	Enter the actual amount of losses paid by the insurer during the report year for each A&H insurance category.
DIRECT LOSSES INCURRED:	Enter the total amount of losses incurred by the insurer during the report year for each A&H insurance category.

ROW DEFINITIONS

SELF-FUNDED HEALTH BENEFIT PLAN:	Business that provides stop-loss coverage for any self-funded or ERISA eligible employer-sponsored groups that issued health benefit plans in the State of Utah. Self-funded health benefit plans include major medical or comprehensive hospital and medical health benefits that are offered as an employee benefit through a self-funded employer group and serves as the covered employee and their dependent's primary health benefit plan.
OTHER:	Stop-loss coverage that does not fall under the definition of self-funded health benefit plan or employer group health benefit plan.

PART 2: OTHER STOP-LOSS BUSINESS

OTHER STOP-LOSS BUSINESS:	Description of other types of stop-loss coverage not specifically addressed under Self-Funded Health Benefit Plans.
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PART 3: STOP-LOSS INSURANCE COVERAGE FOR UTAH SELF-FUNDED HEALTH BENEFIT PLANS BY GROUP AND PLAN TYPES

COLUMN DEFINITIONS

NUMBER OF MEMBERS:	Enter the total number of members in self-funded health benefit plans administered by the self-funded group. The number of members must include dependents. For group policies, the number of members must equal the number of subscribers plus dependents.
CUMULATIVE MEMBER MONTHS:	Enter the cumulative year-end member months for each self-funded health benefit plan category. If you report self-funded health benefit plan business, you must report member months, even if the members is zero at the end of the calendar year. To calculate member months, first count the number of members during each month of the year. This produces 12 member counts (one for each month). Then sum total all 12 member counts. This total is the cumulative member months for the year. For example, if your company had 10 members during each of the 12 months of the year, the cumulative member months would be calculated as follows: 10 members x 12 months = 120 member months.
NUMBER OF GROUPS:	This is the total number of employer groups covered as of the last day of the reporting period. This is <u>not</u> a count of the number of subscribers. Enter the total number of employer groups for each row category. "Number of Groups" means a count of the number of employer groups with a particular type of health benefit plan. Unlike the other column categories, the counts in this column may not necessarily add up to the total number of groups reported in the subtotals and totals for a particular table. For example, in Table 3, if a single group (1) had a FFS plan (line 3.1), a PPO plan (line 3.2), an EPO plan (line 3.3), a HMO plan (line 3.4), and a HMO-POS plan (line 3.5) the total number of groups (line 3.7) would still be one (1), not five (5) because there is still only one employer being covered even though the employer has four separate health benefit plans. The unit of analysis is the employer group, not the health benefit plan. So in contrast to the other column categories, this column may not sum total due to double counting. Instead, report the actual number of employer groups that would be true for each row category.
DIRECT PREMIUMS EARNED:	Enter the portion of the premium paid by the insured that was allocated to the insurer's loss experience, expenses, and profit during the report year for each stop-loss insurance category.
DIRECT LOSSES PAID:	Enter the actual amount of losses paid by the insurer during the report year for each stop-loss insurance category.
DIRECT LOSSES INCURRED:	Enter the total amount of losses incurred by the insurer during the report year for each stop-loss insurance category.

ROW DEFINITIONS

Group Categories (These are group sizes of employee health benefit plans that are being protected by stop-loss insurance coverage.)

SMALL GROUP (1 to 50):	Insured policies issued to a group organization of 1 to 50 employees.
LARGE GROUP (51 to 100):	Insured policies issued to a group organization of 51 to 100 employees.
LARGE GROUP (101 or more):	Insured policies issued to a group organization of 101 or more employees.
TOTAL:	Total of Small Group and Large Group categories. Please note, that column 3 "Number of Groups" may not necessarily add up to the total number of groups reported in the subtotals of lines 1.7, 2.7, 3.7, and 4.7. Please see the definition of "Number of Groups" for more information.

PART 3: STOP-LOSS INSURANCE COVERAGE FOR UTAH SELF-FUNDED HEALTH BENEFIT PLANS BY GROUP AND PLAN TYPES (CONTINUED)

Plan Categories (These are types of employee health benefit plans that are being protected by stop-loss insurance coverage.)

INDEMNITY / FEE FOR SERVICE PLAN (FFS):	<p>Under a Traditional Indemnity or Fee For Service plan (FFS), the member can use any provider they choose (as long as the services are a covered benefit under the health benefit plan). There are no preferred provider networks and all services are reimbursed at the same cost sharing level (usually a fixed percentage of billed charges) regardless of which provider they choose. The member usually has a fixed coinsurance rate above the deductible.</p> <p>However, if the FFS plan includes a PPO rider that allows individuals to pay a lower co-payment or coinsurance rate when they visit doctors or obtain medical services from a network of preferred providers, then the plan should be classified as a PPO for the purposes of the survey (see "Preferred Provider Organization Plan (PPO):").</p>
PREFERRED PROVIDER ORGANIZATION PLAN (PPO):	<p>Under a Preferred Provider Organization plan (PPO), the member has lower deductibles and coinsurance if they use physicians or hospitals in the preferred provider network. PPOs cannot limit members to the preferred provider network only, as this would be an EPO arrangement and PPOs are prohibited from doing this under Utah code. Rather, members have a financial incentive to stay within the preferred provider network, as costs are lower if they use preferred providers. Members are free to use any provider outside the network, but services are reimbursed at a lower rate and typically members must pay higher costs to do so.</p> <p>In the past, if the PPO plan required permission from a primary physician or gatekeeper, or required some other form of pre-authorization prior to receiving services from a non-preferred provider that is outside of the network, then the plan was classified as a PPO with POS features for the purposes of the survey. Any PPO with POS feature plans should be classified as a PPO plan. Do not put PPO with POS feature plans in "Other", classify them as "PPO".</p>
EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO):	<p>Under an Exclusive Provider Organization plan (EPO), the insured member must use the EPO network providers exclusively, except in the case of an emergency. No services outside of the EPO network are covered. EPO plans are similar to HMO plans in that services are limited to an exclusive set of network providers. EPO plans differ from HMO plans in that they are being offered by a standard accident & health insurance carrier that may offer PPO plans along with EPO plans and does not qualify as a licensed HMO (see "Preferred Provider Organization Plan (PPO):" and also "Health Maintenance Organization Plan (HMO):").</p>
HEALTH MAINTENANCE ORGANIZATION PLAN (HMO):	<p>Under a Health Maintenance Organization plan (HMO), the member must use the HMO network providers exclusively, except in the case of an emergency. No services provided outside of the HMO network are covered. Only licensed HMOs can offer HMO plans in Utah. However, if the HMO plan has a point-of-service, indemnity carve out, out-of-network rider, or other option where members may use providers who are outside of the HMO network for routine medical services (not emergencies), but at a lower reimbursement rate (e.g., costs the member more to use non-network providers), then the plan should be classified as HMO with POS features for the purposes of the survey.</p>
HEALTH MAINTENANCE ORGANIZATION PLAN WITH POINT OF SERVICE FEATURES (HMO w / POS features or POS):	<p>Special category for certain types of HMOs. Use this category if the HMO plan has a point-of-service, indemnity carve out, out-of-network rider, or other option where members may use providers who are outside of the HMO network for routine medical services (not emergencies), but at a lower reimbursement rate (e.g., costs the member more to use non-network providers). See also "Health Maintenance Organization Plan (HMO):"</p>
OTHER PLANS:	<p>Use the all other category for plans that do not fit into any of the previous categories. If this category is used, you should include a brief description of the plan features and explain why the other categories are not applicable. PPO with POS features plans should not go in this category, put them in the PPO category. This category should not be used at all in most cases, as Utah Self-Funded Benefit plans filed for use should qualify for one of the other categories.</p>

PART 4-A: STOP-LOSS INSURANCE SPECIFIC ATTACHMENT POINTS

This table is a measure of the number of individual members and groups that are in a self-funded health benefit plan covered by stop-loss insurance coverage broken out by specific attachment points (see Specific Attachment Points). It does not measure aggregate attachment points (see Aggregate Attachment Points).

COLUMN DEFINITIONS

NUMBER OF MEMBERS COVERED: Enter the total number of members in a self-funded health benefit plan administered by the insurer that is covered by stop-loss insurance broken out by a specific attachment point (individual stop-loss deductible).

NUMBER OF GROUPS COVERED: Enter the total number of members in a self-funded health benefit plan administered by the insurer that is covered by stop-loss insurance broken out by a specific attachment point (individual stop-loss deductible). Enter the total number of employer groups for each row category. "Number of Groups Covered" means a count of the number of employer groups with a particular type of health benefit plan. Unlike the other column categories, the counts in this column may not necessarily add up to the total number of groups reported in the subtotals and totals for a particular table. For example, in part 4-A, if a single group (1) had a plan with an attachment point at \$10,000 (line 1.2) and a plan with an attachment point at \$20,000 (line 1.3), the total number of groups (line 1.22) would still be one (1), not two (2) because there is still only one employer being covered even though the employer has two separate health benefit plans. The unit of analysis is the employer group. So in contrast to the other column categories, this column may not sum total due to double counting. Instead, report the actual number of employer groups that would be true for each row category.

GROUP CATEGORIES

SMALL GROUP (1 to 50): Insured policies issued to a group organization of 1 to 50 employees.

LARGE GROUP (51 to 100): Insured policies issued to a group organization of 51 to 100 employees.

LARGE GROUP (101 or more): Insured policies issued to a group organization of 101 or more employees.

ROW DEFINITIONS

NONE: Enter the total number of members and groups protected under a stop-loss insurance policy without a specific attachment point (individual stop-loss deductible).

\$10,000 – \$19,999: Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$10,000 and \$19,999.

\$20,000 – \$29,999: Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$20,000 and \$29,999.

\$30,000 – \$39,999: Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$30,000 and \$39,999.

\$40,000 – \$49,999: Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$40,000 and \$49,999.

\$50,000 – \$59,999: Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$50,000 and \$59,999.

\$60,000 – \$69,999: Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$60,000 and \$69,999.

\$70,000 – \$79,999: Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$70,000 and \$79,999.

\$80,000 – \$89,999: Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$80,000 and \$89,999.

\$90,000 – \$99,999:	Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$90,000 and \$99,999.
\$100,000 – \$199,999:	Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$100,000 and \$199,999.
\$200,000 – \$299,999:	Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$200,000 and \$299,999.
\$300,000 – \$399,999:	Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$300,000 and \$299,999.
\$400,000 – \$499,999:	Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$400,000 and \$499,999.
\$500,000 – \$599,999:	Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$500,000 and \$599,999.
\$600,000 – \$699,999:	Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$600,000 and \$699,999.
\$700,000 – \$799,999:	Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$700,000 and \$799,999.
\$800,000 – \$899,999:	Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$800,000 and \$899,999.
\$900,000 – \$999,999:	Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$900,000 and \$999,999.
\$1,000,000 – \$1,999,999:	Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$1,000,000 and \$1,999,999.
\$2,000,000 OR MORE:	Enter the total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) of \$2,000,000 or more.
TOTAL:	Enter the total number of members and groups protected under a stop-loss insurance policy. Note: Column 2, 4, and 6 “Number of Groups Covered” may not necessarily add up to the total number of groups reported in the totals of lines 1.22. Please see the definition of “Number of Groups” for more information. Line 1.22 should balance to the number of members and groups reported in part 3.

PART 4-B: STOP-LOSS INSURANCE AGGREGATE ATTACHMENT POINTS

This table is a measure of the number of individual members and groups that are in a self-funded health benefit plan covered by stop-loss insurance coverage broken out by aggregate attachment points (see Aggregate Attachment Points). It does not measure specific (see Specific Attachment Points).

COLUMN DEFINITIONS

NUMBER OF MEMBERS COVERED: Enter the total number of members in a group health benefit plan that is covered by stop-loss insurance broken out by an aggregate attachment point (aggregate stop-loss deductible).

NUMBER OF GROUPS COVERED: Enter the total number of members in a group health benefit plan that is covered by stop-loss insurance broken out by an aggregate attachment point (aggregate stop-loss deductible). Enter the total number of employer groups for each row category. "Number of Groups Covered" means a count of the number of employer groups with a particular type of health benefit plan. Unlike the other column categories, the counts in this column may not necessarily add up to the total number of groups reported in the subtotals and totals for a particular table. For example, in part 4-B, if a single group (1) had a plan with an attachment point at 85% to 89% (line 1.2) and a plan with an attachment point at 90% to 94% (line 1.3), the total number of groups (line 1.12) would still be one (1), not two (2) because there is still only one employer being covered even though the employer has two separate health benefit plans. The unit of analysis is the employer group. So in contrast to the other column categories, this column may not sum total due to double counting. Instead, report the actual number of employer groups that would be true for each row category.

Group Categories

SMALL GROUP (1 to 50): Insured policies issued to a group organization of 1 to 50 employees.

LARGE GROUP (51 to 100): Insured policies issued to a group organization of 51 to 100 employees.

LARGE GROUP (101 or more): Insured policies issued to a group organization of 101 or more employees.

ROW DEFINITIONS

NONE:	Enter the total number of members and groups protected under a stop-loss insurance policy <u>without</u> an aggregate attachment point (aggregate stop-loss deductible).
85% TO 89%:	Enter the total number of members and groups protected under a stop-loss insurance policy with an aggregate attachment point (aggregate stop-loss deductible) between 85% to 89% of expected paid claim costs.
90% TO 94%:	Enter the total number of members and groups protected under a stop-loss insurance policy with an aggregate attachment point (aggregate stop-loss deductible) between 90% to 94% of expected paid claim costs.
95% TO 99%:	Enter the total number of members and groups protected under a stop-loss insurance policy with an aggregate attachment point (aggregate stop-loss deductible) between 95% to 99% of expected paid claim costs.
100% TO 104%:	Enter the total number of members and groups protected under a stop-loss insurance policy with an aggregate attachment point (aggregate stop-loss deductible) between 100% to 104% of expected paid claim costs.
105% TO 109%:	Enter the total number of members and groups protected under a stop-loss insurance policy with an aggregate attachment point (aggregate stop-loss deductible) between 105% to 109% of expected paid claim costs.
110% TO 114%:	Enter the total number of members and groups protected under a stop-loss insurance policy with an aggregate attachment point (aggregate stop-loss deductible) between 110% to 114% of expected paid claim costs.
115% TO 119%:	Enter the total number of members and groups protected under a stop-loss insurance policy with an aggregate attachment point (aggregate stop-loss deductible) between 115% to 119% of expected paid claim costs.
120% TO 124%:	Enter the total number of members and groups protected under a stop-loss insurance policy with an aggregate attachment point (aggregate stop-loss deductible) between 120% to 124% of expected paid claim costs.
125% TO 129%:	Enter the total number of members and groups protected under a stop-loss insurance policy with an aggregate attachment point (aggregate stop-loss deductible) between 125% to 129% of expected paid claim costs.
130% OR MORE:	Enter the total number of members and groups protected under a stop-loss insurance policy with an aggregate attachment point (aggregate stop-loss deductible) at least 130% or more of expected paid claim costs.
TOTAL:	Enter the total number of members and groups protected under a stop-loss insurance policy. Note: Column 2, 4, and 6 "Number of Groups Covered" may not necessarily add up to the total number of groups reported in the totals of lines 1.12. Please see the definition of "Number of Groups" for more information. Line 1.12 should balance to the number of members and groups reported in part 3.

PART 5: REINSURANCE CARRIERS

List the names of the commercial health insurance carriers that are providing reinsurance (excess risk or excess of loss reinsurance) for your company as of Dec. 31, 2019. Include NAIC company codes where applicable.



UTAH INSURANCE DEPARTMENT

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